

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 JUL 13 PM 3:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P95000043610*

1. Corporation Name

J. H. S. INC.

2. Principal Office Address

7100 Pioneer Road

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 17723

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

City & State

West Palm Beach, FL

Zip

33413

Country

Palm Beach

Zip

33416

Country

Palm Beach.

REINSTATEMENT

0001

4. Date Incorporated or Qualified
To Do Business in Florida

6/7/1995

5. FEI Number

65-0590432

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

José H. Sotolongo

500004494169

Street Address (P.O. Box Number is Not Acceptable)

7100 Pioneer Road

Suite, Apt. #, Etc.

City

West Palm Beach

State

FL

Zip Code

33413

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

7/11/01

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<i>P.</i>	<i>Sotolongo, José H.</i>	<i>7100 Pioneer Road</i>	<i>West Palm Beach, FL 33413</i>
<i>S.</i>	<i>Sotolongo, Aleida P.</i>	<i>7100 Pioneer Road</i>	<i>West Palm Beach, FL 33413</i>
<i>V.</i>	<i>Sotolongo-Pla, José H.</i>	<i>7100 Pioneer Road</i>	<i>W. Palm Beach, FL 33413</i>

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Aleida P. Sotolongo, Sec.
Aleida P. Sotolongo, Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/11/01
Date

(561) 686-5168
Daytime Phone #

CR2E061 (9/00)